	GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES MEDICAID POLICY MANUAL			
	Chapter:	**2550**	**Effective Date:**	**December 2022**
	Policy Title:	**Patient Liability/Cost Share Budgeting**		
	Policy Number:	**2559**	**Previous Policy Update:**	**MT 58**

REQUIREMENTS

A patient liability/cost share budget is completed on all Medicaid recipients in a nursing home (NH), Institutionalized Hospice, CCSP/EDWP, ICWP or NOW/COMP.

BASIC CONSIDERATIONS

A patient liability/cost share budget is completed at the following times:

- at approval of the application
  - to calculate the patient liability for the first month of eligibility
  - to remove the protection of income deduction
- when a change in income occurs
- when a change in incurred medical expenses (IME) occurs
- at the beginning of each new averaging period.

PROCEDURES

Follow the steps below to complete the patient liability.

Step 1 Determine the amount of the A/R's income to divert to his/her spouse/dependents at home.

- Refer to Section 2554, Diversion of Income, for the correct maintenance need standard to use.
- Use the ADJUSTED GROSS income of the spouse/dependents, including In-Kind Support and Maintenance (ISM) received by the spouse/dependents. Refer to Section 2430, In-Kind Support and Maintenance.

Step 2 If the recipient is Medicaid eligible under the Nursing Home, CCSP/EDWP, Institutionalized Hospice, ICWP or NOW/COMP classes of assistance, use average income and IMEs in the patient liability budget. Refer to Section 2557, Averaging Income and Incurred Medical expenses. Proceed to Step 3.

PROCEDURES (cont.)

Step 3 Calculate patient liability/cost share. The PL/CS should never exceed the monthly Medicaid billing rate for the facility in which the A/R resides. Complete Section C of Form 968 if a manual budget is used to calculate patient liability/cost share.

- Refer to Section 2552, Patient Liability Cost Share Deductions, for information on the deductions subtracted.
- Refer to Section 2418, VA Aid and Attendance, for information on VA Aid and Attendance payments in the budget.

SPECIAL CONSIDERATIONS

CCSP/EDWP to Nursing Home

Calculate a CCSP/EDWP cost share for the month a recipient enters a nursing home from CCSP. There is no patient liability for the month of nursing home admission.

Nursing Home to CCSP/EDWP

Re-calculate the nursing home patient liability for the month an A/R goes into CCSP/EDWP from a nursing home using the FBR as the PNA. There is no cost share for the month of admission to CCSP.

A/R's Income Exceeds the Medicaid Cap

If the A/R's income is equal to or greater than the Medicaid Cap and the A/R has not established a Qualified Income Trust (QIT), the A/R is not eligible for the nursing home COA. If A/R is eligible under another COA, such as AMN there will be no vendor payment made to the NH nor payments for LTC services (LA-D Providers) on his/her behalf.

A/Rs who establish a QIT may meet the income eligibility requirement based on the income not placed in the QIT. However, the PL/CS calculation uses income the A/R receives and the income placed in the QIT. Refer to Section 2407, QIT, for further instructions.

Transfer from out of state Nursing Home to Georgia Nursing Home

When an A/R transfers directly from an out of state nursing home to a nursing home in Georgia, calculate the patient liability for the month of admission using the actual payment made to the out of state nursing home as an IME.